

ISSUE SLIP S.P.E. AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Br | | 01-24-01 |
| O.I.P.E. CLASSIFIER | 2/11 | 8 | 8/10/01 |
| FORMALITY REVIEW | 10/23 | | 8/31/01 |
| RESPONSE FORMALITY REVIEW | 1/27 | 778 | 11/10/01 |
| | 12/19/01 | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 - Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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617
11-3-01
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